

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>08/776044</u>		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1		1				51			
2		1		1			52			
3		2		2			53			
4		2		2			54			
5		0		2			55			
6		1		1			56			
7		1		1			57			
8		1		1			58			
9		1		1			59			
10		0		1			60			
11	1		1				61			
12		1		1			62			
13							63			
14							64			
15							65			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2		2				TOTAL IND.			
TOTAL DEP.		1		13			TOTAL DEP.			
TOTAL CLAIMS	12		15				TOTAL CLAIMS			